

What will happen if the service is not provided immediately? (divorce, deterioration of family, death of care giver, etc.).

PERSONAL ASSISTANCE CRITICAL NEEDS ASSESSMENT**5. Resources/Supports Needed:** (0 to 10 points)

Considering all supports/resources currently available to the person (e.g., other agencies, church, friends, community, family, school, etc.) what further supports does the person need?

6. Functional Status: (0 to 45 points)

Rate each functional activity listed below using the rating scale on the right, then determine the approximate hours of personal support per week the person will need using the total score and the Personal Assistance Hours Needed chart.

FUNCTIONAL STATUS/ACTIVITY	RATING		
1. In/out of bed	0 3	1	2
2. In/out of chair	0 3	1	2
3. Toileting	0 3	1	2
4. Bathe and groom	0 3	1	2
5. Dress/undress	0 3	1	2
6. Drink/eat	0 3	1	2
7. Take medication	0 3	1	2
8. Mobility in home	0 3	1	2
9. Use telephone	0 3	1	2
10. Prepare meals	0 3	1	2
11. Dishes, clean, laundry	0 3	1	2
12. Admit visitors	0 3	1	2
13. Manage finances/mail	0 3	1	2
14. Socialize	0 3	1	2
15. Communicate	0 3	1	2
TOTAL			
SCORE _____			

RATING

0 = Independent with or without mechanical devices
1 = Minimal assistance
2 = Moderate assistance
3 = Cannot accomplish

Estimated Weekly Personal Assistance Hours

_____ Hours per Week

PERSONAL ASSISTANT HOURS NEEDED		
Hours/Week	Total Score	Level of Need
36 or more	36 - 45	Intense assistance
28 to 35	27 - 35	Moderate assistance
14 to 27	18 - 26	Minimal assistance

7. Time on Waiting List: (0 to 10 points)

Total the length of time the person has been on the waiting list from the date the application was received (1 point for every ½ year, up to 10 points maximum).

_____ **TOTAL SCORE** (100 points possible)